



City of Rocklin

Rocklin Community Services 2650 Sunset Blvd. Rocklin, Ca 95677 (916) 625-5200

2007 STR YOUTH BASKETBALL PROGRAM COACHES & STAFF APPLICATION & AGREEMENT

Please complete the following

Name: _____ Phone (H) : _____

Address: _____ Phone (Wk) : _____

City: _____ Zip: _____

POSITION(S) YOU ARE APPLYING FOR:

COACH _____ OFFICIAL _____ SCOREKEEPER _____

COACHING AND/OR PLAYING EXPERIENCE: _____

Did you coach youth basketball last year? Yes _____ No _____ Grade: _____

Do you have a child in our program? Yes _____ No _____ Name: _____

School your child attends: _____ Grade: _____

Do you wish to coach your child's team? Yes _____ No _____

What grade level(s) would you prefer to coach? _____

(CONTINUED ON REVERSE)

STR BASKETBALL COACHES AGREEMENT & WAIVER FORM

In consideration of my agreeing to coach for the 2007 Rocklin STR youth basketball program, I understand and agree to the following program policies and philosophies:

- 1.) I understand that the Rocklin STR youth basketball program is offered as a non-competitive instructional program.
- 2.) I will emphasize basic skill development, teamwork, knowledge of STR rules, safety, sportsmanship, and fun for my players.
- 3.) I understand that all players are to receive equal playing time in each game.
- 4.) I will emphasize good sportsmanship over winning.
- 5.) I understand that use of Rocklin Unified School District facilities is a privilege granted to the Rocklin Department of Community Services, and that continued use of these facilities is dependant on proper care and use by all coaches, staff, and participants.
- 6.) I understand that all coaches in this program are required to read, understand and agree to the City of Rocklin's Youth Sport Coaches Code of Conduct.

I have read and understand the policies and philosophies of the STR youth basketball program as outlined above, and agree to adhere to them.

SIGNATURE: _____ DATE: _____

ALL VOLUNTEER COACHES MUST SIGN THE FOLLOWING STATEMENT:

I, the undersigned _____ understand that the City of Rocklin does not provide medical insurance of workers compensation insurance in connection with my involvement in this program. I agree to defend, indemnify, and hold harmless the City of Rocklin and its officers, agents, and employees from and against all claims and liability for personal injuries or property damage which may be caused by, arise from, or in any way be connected with my involvement as a volunteer in the 2006 STR basketball program. It is also understood that this agreement may be terminated by the undersigned, or the City, upon ten (10) days written notice.

I have read and I do understand the statement above.

VOLUNTEERS SIGNATURE: _____ DATE: _____
(Parent/Guardian if under age 18)